BUREAU OF VITAL STATISTICS  State Index No. 200  ORIGINAL CERTIFICATE OF BIRTH  County Registrar No. 501  Local Registrar No. 501  Local Registrar No. 501  Local Registrar No. 501  St. Ward  St. Ward  If birth occurred in a hospital or institution, give its NAME intended of street and number)  Full name of child  Sex of Child  To be answered ONLY  S. No., in order of birth  FATHER  Fall maiden name  FATHER  To be answered ONLY  S. No., in order of birth  Fall maiden name  FATHER  To be answered ONLY  S. No., in order of birth  Fall maiden name  FATHER  To be answered ONLY  S. No., in order of birth  Fall maiden name  FATHER  To be answered ONLY  S. No., in order of birth  Fall maiden name  FATHER  To be answered ONLY  S. No., in order of birth  Fall maiden name  To birth  To bray  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  To be answered ONLY  To be answered ONLY  S. No., in order of birth  To be answered ONLY  To be answered ONLY  To be answered ONLY  S. No., in order of birth  To be answered ONLY  S. No., in order of birth  To be answered ONLY  To be answered	PLACE OF BIRTH	ARIZONA STA	TE BOARD OF HEALTH
FATHER  FATHER  FATHER  Residence (Usual place of abode)  If nonresident, give place and state  6. Color or race  "White II. Age at last birthday."  (State or country)  Its. Birthplace (city or place)  (State or country)  Its. Birthplace (city or place)  (State or country)  Its. Cocupation  Nature of industry  Its. Residence (Usual place of abode)  Its nonresident, give place and state  Its. Color or race  "White II. Age at last birthday."  Its. Residence (Usual place of abode)  Its nonresident, give place and state  Its. Color or race  "White II. Age at last birthday."  Its. Birthplace (city or place)  (State or country)  Its difference of life and now living  (State or country)  (State or count	or	ORIGINAL CERTIFICATE  No. 9/8 Prev  (If birth occurred in a hospital or	OF BIRTH County Registrar No.  Local Registrar No.  St. Ward institution, give its NAME instead of street and number)
Residence (Usual place of abode) Minami I Argin II. Residence (Usual place of abode) Minami I Argin II. Residence (Usual place of abode) Minami I Argin II. Residence (Usual place of abode) Minami I Argin II. Age at last birthday II. (Years)  15. Residence (Usual place of abode) Minami I Argin II. Age at last birthday II. (Years)  16. Color or race  17. Age at last birthday II. (Years)  18. Birthplace (city or place)  18. Birthplace (city or place)  19. Occupation  Nature of industry  Nature of industry  Nature of industry  19. Occupation  Nature of industry  Nature of industry  (Taken as of time of birth of child herein (c) Born alive and now living II. (Were precautions taken against opherrified and including this child.)  19. Occupation  Nature of industry  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  1 hereby certify that I attended the birth of this child, who was (Born alive or attending physician or midwife, then the father, householder, or anidwife, then the father, householder, or midwife, then the father, householder, as the seturn. A stillbarn child is one that neither breathes nor shows other exidence of lite after birth.  1 house II. Morther II. Morther II. (Physician or midwife)  1 house II. Morther II. (Physician or midwife)  1 house II. Morther III. II. II. III. III. III. III. III.	i i f nluggi	(	The state of birth July 31, 1923 Month Day Year
(Usual place of abode)  If nonresident, give place and state  If nonre	FATHER	1	n name Vera Bentrice Fain
2. Birthplace (city or place)  (State or country)  (State or country  (S	If nonresident, give place and state  Color or race	If nor	aresident, give place and state
Nature of industry  O. Number of children of this mother  (Taken as of time of birth of child herein certified and including this child.)  (b) Born alive and now living.  (c) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  at Ga., m. on the date above sta  When there was no attending physician or midwife, then the father, householder, or midwife, then the father, householder, child is one that neither breathes nor shows other evidence of life after birth.  Signature  (Physician or midwife)  Address  Filed  Filed  Address  Filed  Local Registrar.	2. Birthplace (city or place) Jaco (State or country)	acting ton 18. Birth	pation Housewife
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Signature  (Physician or midwife)  Address  Address  Filed  Filed  Local Registrar.	O. Number of children of this mother  (Taken as of time of birth of child herein exprising and including this child.)	(a) Born alive and now living(b) Born alive but now dead(c) Stillborn	O
Month, day, year.  Filed 13 1923 County Registrar.	*When there was no attending physicia or midwife, then the father, householde etc., should make this return. A stillbor child is one that neither breathes nor shou other evidence of life after birth.	of this child, who was (Born alive r, Signature )  Address   Filed Jule	(Physician or midsis)  (In the date above state of the

WRITE FLATNLY WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.-In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.